




21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- ☐ 0 Worst hospital possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☒ 10 Best hospital possible

~ Your feedback is very important to us.

~ Blanchfield can earn money
for your returned surveys.

~ Money earned is invested
back into your healthcare.


TRICARE Inpatient Satisfaction Survey
 RCSP Number: DD-HA (A) 2076
 Expiration Date: February 28, 2014

Survey Instructions

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☐ Yes
☐ No → If No, Go to Question 1

According to the Privacy Act of 1974, as amended, the Department of Defense is required to inform you of the purposes and use of this survey. Please read this Privacy Act Statement carefully.

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1071 (NOTE), Annual Beneficiary Survey; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. 11131-11152, Health Care Improvement Act of 1988; 32 CFR 199.16, TRICARE Program; and DoD 6025.13, Medical Quality Assurance Program (MQA) in the Military Health System (MHS).

PURPOSE: The information collected in this survey helps health policy makers gauge beneficiary satisfaction with inpatient care within the Military Health System's direct care and the purchased care network facilities. Responses will be used to facilitate beneficiary comparisons of hospitals, guide Military Treatment Facility quality improvement efforts, and improve the Military Health System.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

2. During this hospital stay, how often did nurses listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100

stay, how often did the
everything they could to help

were you given any
taken before?

tion 18

medicine, how often
hat the medicine was

time, how often
ible side effects

AL

directly
home, or

to to

see or
ether
you

tion

uring this hospital stay, how often did you
e staff wash or otherwise sanitize their hands
use gloves before treating or checking you?

Never
Sometimes
Always

I was not treated or checked by staff
uring this hospital stay, did you feel that
e was at least one doctor who had an
standing of your condition and treatment?

Definitely yes
Somewhat yes
Somewhat no
Definitely no

3 this hospital stay, how often did doctors
gains involve you as much as you wanted
ions about treatment?

ner
retimes
ally
lys

Not want to be involved in decisions
e were no decisions about treatment during
ospital stay

is hospital stay, how often did doctors
r family or close friend with courtesy

imes
'

I have visits from family or a close friend
hospital stay, how often did nurses
mily or close friend with courtesy

?

ave visits from family or a close friend
x-pital stay, how often did doctors
her hospital staff make sure that
y when they took care of you or

I of school

kdase

o origin

ano

more.

3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39